

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila,
District of Globe,
Town of _____
or
City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158
County Registrar No. _____
Local Registrar No. 124

No. 441 North East St., St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Raymond Bernard Swaney, { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 5 2 1925
Month Day Year

8. FATHER
Full name Rodger Swaney,

9. Residence (Usual place of abode) Globe,
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Erie,
(State or country) Penn.

13. Occupation Electrician,
Nature of industry

14. MOTHER
Full maiden name Bessie Hart,

15. Residence (Usual place of abode) Globe,
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Woodward,
(State or country) Okla.

19. Occupation Housewife,
Nature of industry

20. Number of children of this mother { (a) Born alive and now living 1
(Taken as of time of birth of child herein (b) Born alive but now dead _____
certified and including this child.) (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12 m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature G. E. Verghina (Physician or midwife).
Address Globe, Ariz.

Given name added from a supplemental report

Filed May 30, 1925

Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

928-502-283